

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043920

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10813

FILED NOV 19 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

ST. LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

admission)

c. CITY
OR TOWN

ST. LOUIS

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

1842 KENNETT PL

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

1842 KENNETT PL

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

HELEN

AZAR

4. DATE OF DEATH

Month

Day

Year

NOV 11

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

NOV 1 1898

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BAG SOWER

10b. KIND OF BUSINESS OR INDUSTRY

FULTON BAG CO

11. BIRTHPLACE (City and state or country)

MISSOURI

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

PETER AZAR

13b. MOTHER'S MAIDEN NAME

MARY MURRAY

14. NAME OF HUSBAND OR WIFE

WILLIAM AZAR 1842 KENNETT PL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary embolism, acute

INTERVAL BETWEEN ONSET AND DEATH

5 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial Infarction, Posterior (acute)

6-16-62

DUE TO (c)

Diabetes Mellitus

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

260x

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-16-62 to 11-11-62 and last saw her alive on 11-8-62

Death occurred at 7:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Geo. A. Seib M.D.

22b. ADDRESS

2323 Lafayette St. Louis

22c. DATE SIGNED

11/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

NOV. 14 1962

23c. NAME OF CEMETERY OR CREMATORY

ST. PETER & PAUL CEM.

23d. LOCATION (City, town, or county)

ST. LOUIS

(Site)

24. FUNERAL DIRECTOR

ADDRESS

Thomas Kuter 2906 Gravois

25. DATE REC'D. BY LOCAL REG.

11-13-62

26. REGISTRAR'S SIGNATURE

Road Smith M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300 Rev. 4/59

1
2 223
3
4 1
5 0
6
7 0
8 2
9
10
11
12 90-0
13
90

Dr Seib
2323 Lafayette
PP 6-2323

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanthorine

Licensed Embalmer No. 3403

P. O. Address 2906 Graven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.